



RESEARCH CORPORATION  
OF THE UNIVERSITY OF GUAM

## TRAVEL CLEARANCE

Name of Traveler: \_\_\_\_\_ Travel Authorization No.: \_\_\_\_\_

Dates of Travel:

From: \_\_\_\_\_ / \_\_\_\_\_  
Hour Date

To: \_\_\_\_\_ / \_\_\_\_\_  
Hour Date

Travel Funds:	Amount Claimed:
Pay By: (Check) RCUOG Credit Card / Traveler	_____
Airfare	_____
Per diem:	_____
Location _____ ( _____ days X _____ )	_____
Auto Rental	_____

Miscellaneous (list):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount Claimed

\_\_\_\_\_

(Less Amount Advanced)

\_\_\_\_\_

Claim Due / (Amount Refunded to RCUOG)

\_\_\_\_\_  
\_\_\_\_\_

I certify that all statements above are accurate and complete. I have attached a copy of my Travel Authorization form and such documents as necessary to justify any request for funds beyond those initially authorized. I have submitted a Travel Report to the administrator who authorized this

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

**If additional funds are being requested:**      Approve      Disapprove

G. L. Account # \_\_\_\_\_

Print Name	Title	Signature	Date
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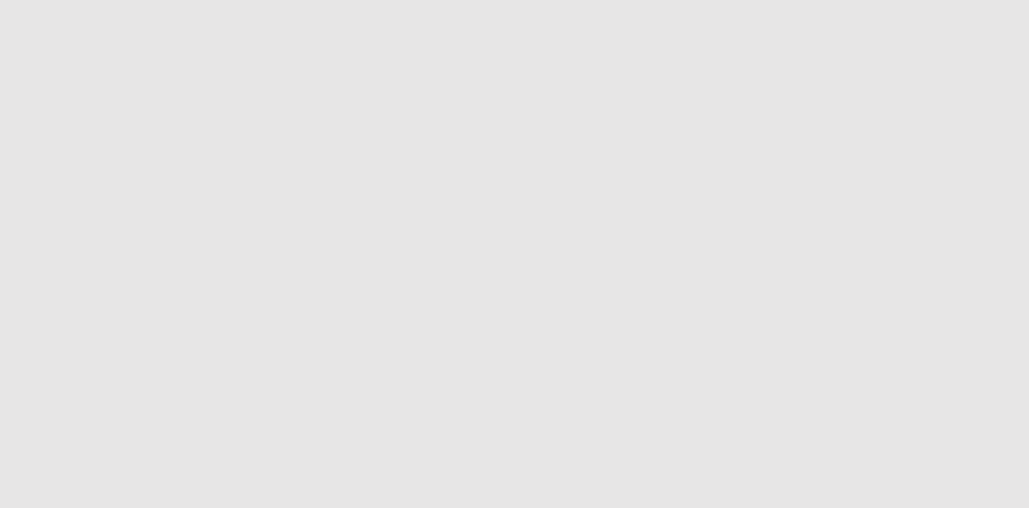


# TRIP REPORT

Traveler's Name: \_\_\_\_\_ Position Title: \_\_\_\_\_  
Unit/Department: \_\_\_\_\_

**Trip Objective:** \_\_\_\_\_

**Highlights:** (Minimum data contents: How was objective met; What was learned; How can RCUOG/UOG benefit from trip; How trip relates to RCUOG/UOG responsibility)



Possible Application of Knowledge Gained:
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Follow Through Action/s, as Necessary:
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## Signature and Approval

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

Date \_\_\_\_\_

Immediate Supervisor's Name	Title	Signature	Date
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Title

Signature

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Date

RCUOG is an EEO Employer and Provider  
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